

James Haas LGBTQ Inclusion in Sexual Health Programming at UIUC
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While perusing through some of my usual favorite blogs one night, I stumbled across an article that really caught my eye. The article detailed an informal study, conducted by Trojan condoms, which ranked one hundred forty-one colleges and universities in America on their sexual health practices and services. The rankings were based on student's opinions of the Health Center, availability and accessibility of STI/HIV testing and contraceptives, outreach, and peer groups, among other criteria. While Columbia University in the City of New York came out on the top of the list, the University of Illinois at Urbana-Champaign came in second place.

As a sexuality educator, my interest was sparked. I am confident in my school's sexual health programming, but I wasn't aware that the efforts I saw being made would result in us being highly ranked amongst other schools in the country. Furthermore, I was curious to see how this might affect members of the LGBTQ population on campus. As a person within this population, I feel that the sex people who identify as LGBTQ have is often scrutinized. It has been politicized, and it has become a topic of public discussion (notably in the trial of Lawrence v. Texas). However, LGBTQ sex and sexual health is not present in many pre-college sexual health education programs (as my fellow student Aubree Henderson displayed in her project). These components show the complexity of the social issues that are LGBTQ sex and sexual health.

As students who identify as LGBTQ navigate through their college experience they may be sexually active, and it is crucial that they have access to educational programming and services that are inclusive of their sexual identities and practices. With the lack of information available to LGBTQ-identified students before they enter the campus community, the university may discover that additional care must be taken to

access the LGBTQ student community and provide the best possible sexual health care and education.

To explore this further, I formed these initial research questions: “Where are lesbian, gay, bisexual, transgender, and queer students on UIUC’s campus obtaining their sexual health information and care? Are UIUC’s services inclusive of all sexual orientations and identities?” This topic ended up shifting and transforming multiple times in very interesting ways. As I began to work further on my project, I realized that I was more interested in outreach and educational services as opposed to the process of getting tested for STIs and HIV. Because of this, my research questions morphed into, “Are UIUC’s various sexual health education services working to be inclusive of all sexual orientations and identities? How are students LGBTQ students obtaining information and care for their sexual health needs?” This second set of questions, however, became a little harder to work with as my interviews went on. By the time I was done interviewing, I had only been able to locate UIUC staff and students who were providers of sexual health education. I noticed that this might create a bias in my research, as I discovered that LGBTQ inclusivity was an important topic within the field and a personal connection with these sexual health education programs resulted in a favorable view of what services the campus offers.

With these biases considered, my final research question was, “what are the attitudes of LGBTQ inclusion in sexual health providers?” I believe that this is an interesting topic because not only does it question the validity and importance of LGBTQ inclusion in sexual health education and programming, but it also questions how the

providers themselves view inclusivity and the direction that they want to take their programming.

To get the necessary information, I decided to interview three sexual health services providers (staff members) and two LGBTQ-identified students. I found all of my interviewees via word of mouth, and I was acquainted with all of them prior to my study. As it turned out, all of my interviewees were cisgender, white women. The first provider, Jenn Scott, is the Coordinator of Sexual Assault Prevention Education at the UIUC Women's Resource Center. Through my brief experience working with Scott as a First Year Campus Rape Educator, I had a small bit of knowledge regarding the issues that tended to arise when LGBTQ identities intersected with the information given. Upon further discussion of the issue, I discovered that Scott is in a unique bind in regards to LGBTQ inclusivity in her programming. According to the Kapi'olani Medical Center for Women & Children in Honolulu, Hawai'i, ninety eight percent of rapes are committed by men against women. Scott is in agreement with this, and conducts the First Year Campus Acquaintance Rape Education (FYCARE) workshops to reflect this fact. Because of this, the material may have a tendency to appear heteronormative- labeling men as the main perpetrators, and women as the main victims. This issue is complicated because it is based on statistical facts, but without careful handling, sexual assault can be placed into a box that erases issue of same-gender sexual assault.

This is especially visible when taking into consideration the gendered portions of the workshops. Participants are split into two groups- men and women. Male identified workshop facilitators take the men into one room and female identified workshop facilitators take the women into another room. The women discuss feelings regarding

sexual assault and the information presented at the workshop. During the men's section of the workshop, the group speaks about situations in which a sexual assault can occur, and how it can be prevented. In this section, however, Scott and her male facilitators have found that men have opened up in this split-off section, resulting in fruitful conversations about the difficult topic that is sexual assault. Many of the male workshop participants have a certain difficulty confronting an issue that is most often at the fault of other men, and feelings of defensiveness might appear.

In the men's section of the workshop, however, Scott noted that "when we're talking about sex and intimacy... It's a very different conversation. And so they wait until they get in with all the other guys and they're like, 'Alright, everybody else is gonna agree with me in this moment when I don't have to put on, like, my public image, and like, right, I can say what I think.'"

This displays an interesting perspective on male-identified individuals in gendered spaces, but there is a possible negative impact on LGBTQ-identified individuals. The emphasis on binary gender identities in the form of male and female groups could result in a negative experience for transgender or gender variant individuals, and in the context of the gendered workshop sections, many heteronormative examples are used. Scott did emphasize the "talk(ing) about same-sex sexual assault in the scenarios" that are used in the gendered workshop activities, which is an attempt to show the similarities between same-sex and opposite-sex sexual assault. Attempts like this aid in creating an atmosphere where LGBTQ people are made to feel more comfortable, but there are still many holes in the FYCARE programs in regards to inclusivity. The FYCARE program is "designed to hit a large number of people in a very short amount of

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time,” which means that some identities that might be considered non-normative can be left at the wayside during the process of the workshop. However, Scott actively searches for opportunities to include non-heterosexual identities and non-binary gender identities into her programming. She, like many other sexual health educators on campus, attends LGBT and Transgender Ally workshops put on by the Lesbian, Gay, Bisexual, Transgender Resource Center, and actively seeks out information and education on sexual assault within the LGBTQ community in conferences and other educational opportunities. The task proves to be difficult, but attempts are visibly made to include all people.

Scott’s FYCARE program faces unique challenges in regards to the inclusion of non-heterosexual identities and non-binary gender identities, but the goal of combating heteronormativity was a sentiment that was echoed across all of the sexual health service providers that I interviewed. Lena Hann, my second interviewee, is a Visiting Clinical Instructor of Community Health 206, Human Sexuality. She also oversees the Master of Public Health program.

My interview with Hann was very enlightening, especially when she told me that during any semester, about two percent of the student body is enrolled in a Human Sexuality class. We then went on to discuss the importance of LGBTQ inclusion in her curriculum, and some of the ways in which she tries to both reach out to the LGBTQ population in her class and at the same time put out a message to all of the students that all sexual relationships are valid and hate speech is not tolerated.

Hann also makes a point to attend the LGBT Resource Center’s LGBT and Transgender Ally trainings, and she recommends her teaching assistants and colleagues

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do the same. In addition to this training, Hann brings in LGB-identified students in the form of a panel to help educate the class on the coming out process and some of the nuances of LGB life. These panels have inspired some students to come out of the closet themselves- suggesting that the visualization of a campus LGBTQ community and the addressing of LGBTQ issues in the classroom can lead to LGBTQ students becoming more comfortable in their identities.

Hann's attendance at the Ally training meetings (and adapting the mindset into her teaching) as well as her bringing the LGB panel to her class are some particular curricular examples of her emphasis on breaking down the presence of heteronormativity in her class, but she also uses language as a powerful tool to show her students that sexual encounters happen across the socially constructed boundaries of gender and sexual orientation. In our interview, Hann stated, "I use the word 'partner' more than I use 'boyfriend/girlfriend' or 'husband/wife.' I don't use those words ever, actually." A simple gesture like this can be a minor step to eradicate gender stereotypes in classroom examples or scenarios.

My final provider interviewee was Kim Rice, who is the Sexual Health Educator and Counselor at McKinley Health Center. She also oversees the Sexual Health Peers, an outreach program from McKinley.

The Sexual Health Peers are trained over the course of the semester to facilitate various sexual health-related workshops, and they serve as a face for McKinley's sexual health efforts. They teach workshops to fraternities and sororities, as well as Human Sexuality classes and in residence halls. During the course of my interview with Rice, I learned that working against heteronormativity is something that she takes very seriously

and actively combats against. Rice said, “I think that (being inclusive of LGBTQ people) increases sexual health and helps improve sexual health but also helps improve, um, positive experiences of sexuality. So my work comes from a very sex positive frame, and so for me it goes beyond just making sure people are sexually healthy. That should just be the standard, um, that that’s just kind of the baseline that we’ve worked for- for people to be sexually healthy. And that doesn’t mean physically healthy, but it also means feeling positive about the role that their sexuality plays in their lives. And so if people feel like all sexualities and all types of identities and relationships are being honored and celebrated and recognized, then I think that helps develop a sense of, you know, sexuality being a positive place in the world.” In essence, Rice advocates for LGBTQ inclusion within sexual health so that people of all sexual and gender identities can experience sexuality in a positive, healthy way, but this concept can be extended into health in general. Rice suggests that when LGBTQ individuals feel as if their issues are relevant and important, there is a better chance to facilitate their overall wellness and health.

Rice demonstrates this in her workshop series specifically dedicated to the LGBTQ population on campus. After unsuccessfully trying to have some office hours at the LGBT Resource Center where students could drop in and ask questions, Rice and the staff at the LGBT Resource Center decided to start a workshop series at the center that would focus around topics salient to those who might identify within the LGBTQ community. While these workshops are not always the most heavily attended functions on campus, many interesting and rewarding conversations are had.

Over arching themes that I found within my provider interviews were quite interesting. Each of my sexual health provider interviewees recognized the importance

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and need of LGBTQ inclusion in their programming, and they all actively worked to make sure that their respective services were inclusive of all sexual and gender identities. There was not as strong of an emphasis on other social identities, such as race or economic status, but most inclusion efforts were focused on the LGBTQ population. All providers mentioned their attendance at the LGBT Resource Center's LGBT and Transgender Ally trainings, and most rely closely on the LGBT Resource Center for help regarding LGBTQ inclusivity.

One more conclusion that can be made is that sexual health providers at UIUC make an effort to use language that attempts to include all gender identities in various relationships. Every provider listed "partner" as their preferred term when talking about romantic or sexual partners over gendered terms like "boyfriend" or "girlfriend."

My student interviews were interesting, but I did not find the results that I had expected. My criteria for an applicable interviewee was an LGBTQ-identified student who had experienced a FYCARE workshop, taken Community Health 206, and/or attended a sexual health outreach presentation from McKinley Health Center. I found that this was a smaller demographic than I initially thought, although I do believe that there are more students on campus that could give me some interesting information.

My first student interviewee was somebody that I wanted to interview ever since the very beginning of my project. I had a feeling from previous conversations that this interviewee- "Jordan"- was going to be beneficial for my study. The issue arose, however, when my research question shifted, resulting in Jordan's interview not providing me with information that fit my new question.

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Jordan was a communications major who had a minor interest in politics and activism. She served on the board of the “Women of Pride” group in the LGBT Resource Center, and took a very active role within the center. Initially, I contacted her because of an event she told me about where she had a problematic experience trying to get tested for HIV. During the course of our interview, however, she remembered that the incident occurred at a community testing center that wasn’t affiliated with the university. Jordan also decided to become a Sexual Health Peer during the course of this project, which was a turning point for my project as a whole.

Jordan’s story about her journey to becoming a Sexual Health Peer was beneficial, however. The Sexual Health Peers came and visited a meeting of the Women of Pride group, giving a basic healthy sexuality workshop that was tailored to fit the mostly lesbian crowd they were speaking to. Jordan appreciated the fact that the Sexual Health Peers made a point to focus their workshop on the lesbian community- she felt very engaged in the presentation, and the workshop was a catalyst for her interest in sexual health education and her journey to becoming an educator herself via the Sexual Health Peers.

My second student interview was interesting, but I went into the interview knowing that this student was a Sexual Health Peer with an extensive background in sexual health education training. With this and my previous interviews in mind, my research question shifted to a focus on provider attitudes on sexual health.

This interview gave me some interesting insights on LGBTQ inclusivity, recruitment for peer educating, and an insight to the experience of a non-monosexual person experiencing UIUC’s sexual health programming. This woman- whom I gave the

pseudonym “Mandy”- had gone through a FYCARE workshop, taken Community Health

206, and seen a presentation of the Sexual Health Peers. While Mandy experienced these things, she identified as bisexual (she now self identifies as queer). She did say that she felt that there was a tendency in her Human Sexuality class to interpret “LGBTQ inclusion” as including only gay and lesbian people, but she did not have that same feeling when she took part in the Sexual Health Peers workshop.

One of the two themes that I found in my interviews with students was a larger level of engagement when they felt that they were being spoken to as LGBTQ individuals. Having their sexual practices be recognized and validated in the presentations resulted in them feeling as if they gained more knowledge, and this knowledge was applicable to their lives.

The other common theme amongst my student interviews was a gained interest in sexual health education after attending an LGBTQ-inclusive workshop. My second interviewee, Mandy, may have felt previously inclined to participate in the Sexual Health Peers as she had already established an interest in sexual health education in high school, but after attending the workshop, she felt more motivated. Jordan, on the other hand, didn’t have the background in sexual health education that Mandy did, yet during the process of this project, she decided to become a Sexual Health Peer. The lesbian-targeting workshop she attended resulted in her discovering an interest in sexual health education. These results seem to suggest that the promotion of sexual health educational services to LGBTQ student populations and the inclusion of this population in the workshop material results in a higher interest in participation in the implementation of the programming.

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This project has taken a few interesting turns, and it will undoubtedly take more. I have multiple goals that I would like to achieve so that this project can become a more comprehensive look at LGBTQ inclusivity in sexual health education at the UIUC campus. I would like to revisit some of my initial research questions and talk to a wider variety of students, with the intention of seeing how LGBTQ students of varying gender identities, racial identities, ability statuses, et cetera experienced sexual health education at UIUC. With this information, I feel like I would be able to properly gauge the state of LGBTQ inclusion in sexual health education here. I would hope that the information that this study provides could result in another school looking at its sexual health education programming and recognize deficits.

I might also take a more historical perspective on the topic, looking at the creation of programs like the Sexual Health Peers, when Human Sexuality classes started being offered, and what types of statements UIUC has made about LGBTQ persons in regards to health. In a search through the archives, I discovered a document from 1987 in which the staff of McKinley showed their support for a school-wide task force working on making the campus more inviting and inclusive for LGB students. This shows me that the university has a history of working for LGB people's health, but I would like to fill in the gaps and see where the movement and the support from McKinley went from there.

I also plan to collaborate with my classmate Aubree Henderson to create a workshop based on our research projects. Her project's focus was on sexual health education before college, and I think that mine picks up where hers leaves off. Our workshop would probably begin with a discussion about sexual health education in schools and how it affected or didn't affect the workshop participants. Our tentative plan

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after this is to try to answer any looming questions that the participants may have, and

then find ways for them to implement better sexual health education at their own schools.

I think that this is an exciting prospect, and a great way to take away some applied skills

from this project.

Works Cited

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Reflect: the experience of participating in the EUI research process is something I have never imagined I would ever do, nor what it something I felt like I was prepared for. I feel like being able to directly look into the subject of my interest provided me a more in-depth educational experience than one where I just sat listening to lectures. I also greatly enjoyed being able to present my research, which I have grown to be very proud of, in front of people. It was a complicated and incredibly difficult process, but I am glad I had the opportunity to do it in my college career.

Recommendations: My research shows that UIUC is doing a good job in what it is trying to accomplish, but I do think that the university could do better in terms of remaining sex positive and endorsing sexuality as a positive aspect of a college student's life, not something that should be seen as shameful. I believe that the eradication of I-SHAG week was a mistake, and a week dedicated to promoting healthy sexuality is something that can enrich our student's lives and provide them with perhaps a more healthy view of sexuality, sexual identity, and sex positivity.